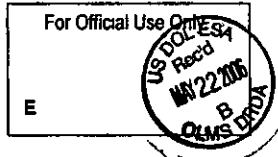


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25776</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3 Name and address of person filing Name <u>FLORIAN</u> <u>BOCANEALA</u> P O Box Bldg Room No if any <u>203</u> Street <u>3701 BOSWORTH ROAD</u> City <u>CLEVELAND</u> State <u>Ohio</u> ZIP Code + 4 <u>44111</u>	4 Name file number and address of labor organization Name <u>TEAMSTERS LOCAL UNION 422</u> Labor Organization File Number <u>010 006</u> P O Box Building and Room Number if any <u>203</u> Street <u>3701 BOSWORTH ROAD</u> City <u>CLEVELAND</u> State <u>Ohio</u> ZIP Code + 4 <u>44111</u>
5 Position in labor organization <u>VICE PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Florian Boceneala On 5-11-06 (216) 688-1844
Date Telephone Number

Name of Person Filing FLORIAN BOCANEALA	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name TEAMSTERS LOCAL 422 HEALTH & WELFARE FUND Trade Name if any P O Box Bldg Room No if any 203 Street 3701 BOSWORTH ROAD City CLEVELAND State Ohio ZIP Code + 4 44111	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing PROVIDES HEALTH AND WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL NO 422 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received RECEIVED LOST TIME WAGES FOR ATTENDING BOARD OF TRUSTEE MEETINGS ON 2/15/2005 57 00 03/29/2005 32 00 06/28/2005 115 00 07/11/2005 115 00 07/19/2005 57 00 09/26/2005 59 00 11/01/2005 118 00 11/22/2005 59 00 12 b Amount \$612

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	(Empty box for amount)

Name of Person Filing FLORIAN BOCANEALA

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name TEAMSTERS LOCAL 422 PENSION TRUST

Trade Name if any

P O Box Bldg Room No if any 203

Street 3701 BOSWORTH ROAD

City CLEVELAND

State Ohio

ZIP Code + 4 44111

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PROVIDES PENSION BENEFITS TO MEMBERS OF TEAMSTERS
LOCAL 422

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

RECEIVED LOST TIME WAGES FOR ATTENDING BOARD OF
TRUSTEE MEETINGS ON 02/15/2005 57 00 03/29/2005
32 00 06/28/2005 115 00 07/19/2005 57 00
09/26/2005 59 00 11/22/2005 59 00

12 b Amount

\$379